

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>8930</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Michael</u> <u>R</u> <u>Ryan</u> P.O. Box, Bldg., Room No., if any <u>Suite 101</u> Street <u>4633 LIUNA Way</u> City <u>DeForest</u> State <u>Wisconsin</u> ZIP Code + 4 <u>53532</u>	4. Name, file number, and address of labor organization. Name <u>Wisconsin Laborers' District Council</u> Labor Organization File Number <u>068-223</u> P.O. Box, Building and Room Number, if any <u>Suite 101</u> Street <u>4633 LIUNA Way</u> City <u>DeForest</u> State <u>Wisconsin</u> ZIP Code + 4 <u>53532</u>
5. Position in labor organization. <u>District Council Pres./Business Mgr</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

### Signature

**15. Signature and verification.** The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Michael R Ryan

On

8/5/05

Date

608-846-8242

Telephone Number

Name of Person Filing Michael Ryan	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text" value="Bob Parr/Delta Dental of Wisconsin"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text" value="1233 N. Mayfair Road, #204"/></p> <p>City <input type="text" value="Milwaukee"/></p> <p>State <input type="text" value="Wisconsin"/> ZIP Code + 4 <input type="text" value="53226"/></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text" value="Wisconsin Laborers' Health Fund"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; padding: 5px; min-height: 80px;">Delta Dental provides dental claims</div> <p>11.b. Approximate dollar value of such dealing. <input type="text" value="\$220,000"/></p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; padding: 5px; min-height: 100px;">Delta Dental sponsored two golf outings which I participated in.</div> <p>12.b. Amount. <input type="text" value="\$105"/></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; padding: 5px; min-height: 150px;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <input type="text"/></p>

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## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Lou Nanne/Voyageur Asset Management

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 100 South 5th Street

City Minneapolis

State Minnesota ZIP Code + 4 54402-1240

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Wisconsin Laborers Health &amp; Pension Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 11.a. Nature of such dealing.

Voyageur Asset Management provides management of investments for the Wisconsin Laborers' Pension Fund.

## 11.b. Approximate dollar value of such dealing.

\$200,000

## 12.a. Nature of interest held or income received.

Voyageur Asset Management sent a holiday gift consisting of one box of apples and paid for one dinner for my wife and I.

## 12.b. Amount.

\$175

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**Part B Continuation Page**

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input style="width: 80%;" type="text" value="Phil Hildebrandt/Segall, Bryant &amp; Hammill"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text" value="10 South Wacker Drive"/></p> <p>City <input style="width: 80%;" type="text" value="Chicago"/></p> <p>State <input style="width: 20%;" type="text" value="Illinois"/> ZIP Code + 4 <input style="width: 40%;" type="text" value="60606-7407"/></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input style="width: 80%;" type="text" value="Wisconsin Laborers' Health &amp; Pension Funds"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text"/></p> <p>City <input style="width: 80%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 40%;" type="text"/></p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; padding: 5px; min-height: 100px;">             Segall, Bryant &amp; Hammill provides investment management for the Wisconsin Laborers' Pension Fund.           </div> <p>11.b. Approximate dollar value of such dealing. <input style="width: 100px;" type="text" value="\$85,000"/></p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; padding: 5px; min-height: 100px;">             Segall, Bryant &amp; Hammill purchased one round of golf for me and dinner for my wife and I.           </div> <p>12.b. Amount. <input style="width: 100px;" type="text" value="\$231"/></p>

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8. Name and address of Business (including trade name, if any).

Name Timothy Willis/Manning & Napier Advisors

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 290 Woodcliff Drive

City Fairport

State New York ZIP Code + 4 14550

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Wisconsin Laborers' Health & Pension Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Potential investment manager.

11.b. Approximate dollar value of such dealing.

\$0

12.a. Nature of interest held or income received.

Manning and Napier purchased dinner and one round of golf for me.

12.b. Amount.

\$147

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Stu Rallis/Morgan Stanley Dean Witter</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 3925 W. 50th Street</p> <p>City Edina</p> <p>State Minnesota ZIP Code + 4 55424</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Wisconsin Laborers' Health &amp; Pension Funds</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Morgan Stanley Dean Witter is an investment manager for the Wisconsin Laborers' Pension Fund.</p> <p>11.b. Approximate dollar value of such dealing. \$285,000</p> <p>12.a. Nature of interest held or income received.</p> <p>Morgan Stanley Dean Witter paid for one round of golf for me.</p> <p>12.b. Amount. \$70</p>

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Leo Reed/Harris Investment Management</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 111 West Monroe</p> <p>City Chicago</p> <p>State Illinois ZIP Code + 4 60603</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Wisconsin Laborers' Health &amp; Pension Funds</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Harris Investment Management is a potential investment manager</p> <p>11.b. Approximate dollar value of such dealing. \$0</p> <p>12.a. Nature of interest held or income received.</p> <p>Harris Investment Management purchaed dinner for my wife and I.</p> <p>12.b. Amount. \$170</p>

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8. Name and address of Business (including trade name, if any).

Name AnchorBank

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 302 North Midvale Blvd.

City Madison

State Wisconsin

ZIP Code + 4 53705

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

AnchorBank provides banking services for the Wisconsin Laborers' District Council

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

AnchorBank invited my wife and I to attend a Wisconsin Badger football game in their executive suite, with an estimated value of \$400 and they gave me 4 regular game tickets.

12.b. Amount.

\$512

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## 8. Name and address of Business (including trade name, if any).

Name Levinson Simon &amp; Sprung P.C.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 566 W. Lake Street, Suite 3 West

City Chicago

State Illinois

ZIP Code + 4 60661-1414

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 11.a. Nature of such dealing.

Levinson Simon & Sprung P.C. provides accounting services for the Laborers' Health & Pension Funds and the District Council

## 11.b. Approximate dollar value of such dealing.

\$50,000

## 12.a. Nature of interest held or income received.

Levinson Simon & Sprung P.C. bought dinner for my wife and I.

## 12.b. Amount.

\$166

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8. Name and address of Business (including trade name, if any).

Name Jenny Notte/ABS Capital Management

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 42 Lahinch Drive

City Lemont

State Illinois

ZIP Code + 4 60439

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Wisconsin Laborers' Health & Pension Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Potential investment manager

11.b. Approximate dollar value of such dealing.

\$0

12.a. Nature of interest held or income received.

ABS Capital Management purchased dinner for me.

12.b. Amount.

\$86

# WISCONSIN LABORERS' DISTRICT COUNCIL

AFFILIATED WITH A.F.L.-C.I.O. LABORERS' INTERNATIONAL UNION OF NORTH AMERICA

**MICHAEL R. RYAN**  
President / Business Manager

**JOHN SCHMITT**  
Vice-President

**THOMAS E. FISHER**  
Secretary-Treas. / Rec. Secretary



August 5, 2005

U.S. Department of Labor  
Employee Standards Administration  
Office of Labor-Management Standards  
200 Constitution Avenue, NW  
Room N-5616  
Washington, D.C. 20210

Re: Form LM-30 Filing for Michael R. Ryan, Labor Organization File No. 068-223

Dear Sir or Madam:

Enclosed is my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 2004 records as well as my recollection. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount.

As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systemic compliance with these requirements, and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further, the Department since that time has continued to issue and revise its compliance advice, including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars.

It may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that, in that circumstance, I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so, I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2004.

Sincerely,